Referenced in <u>Principles that Guide the Movement of Clients through the System of Care</u>, February 5, 2006, Draft #5:

"In the integrated system, risk management is based on shared risk among hospitals, designated agencies, private providers and the state. This is achieved through joint decision making. No one group makes unilateral decisions or assumes risk individually. Reduced risk is a consequence of shared risk.

"The state leads a centralized resource management function for the system that includes the ability to meet critical census demands with temporary emergency placements at facilities in the community. Such central authority is exercised only when teams are unable to come to a decision or resolve a conflict (see conflict resolution protocol) within a time frame that is efficient for the system, safe for the client, and in the best interest of all clients in the system.

"The receiving facility, program, or clinician has the authority to determine that they lack the capacity to serve a particular client based on factors such as adequacy of skills or resources. When a team turns down a referral, they fully articulate the logistical and/or clinical factors driving the decision, and they remain actively engaged with the other parts of the system in an ongoing decision making process until resolution and placement is achieved.

"The care management system is designed to include oversight by members of the community."

Overall Functions & Characteristics

Interdependent system treatment team

Internally organized by agreed-upon rules of the road

Manage access to care (most integrated / least restrictive consistent with safety)

Coordinate service across all programs, institutions, departments

Maintain common clinical and decision making protocols

Ensure efficient and equitable use of system's resources

Distribute risk system-wide. No one group assumes risk individually

Resource to and ownership by all parts of the system

Central Team

Build on existing care management team

Authority under current statute

Staff available 24/7 to consult with QMHPs

Track resource availability and distribution

Coordinate data collection and quality review function

Maintain shared / centralized information system

Air traffic controller function when called upon

Dispute resolution of last resort

Census management

Administrator role rotated among all participating partners

Advisory Body

Composed of consumers, advocates, family members, providers, administrators

Data Review

Identify needed resources

Policy recommendations

Advisory to VDH

Implementation

Pilot by adding CRR and new E-beds to the responsibilities of the existing team

Use funds budgeted for care management to hire someone to lead development